FILE WITH INCOME TAX DEPARTMENT P.O. BOX 518 TIFFIN, OHIO 44883-0518 PHONE: (419) 448-5405

ALL FULL OR PARTIAL YEAR

RESIDENTS OF TIFFIN MUST

FILE A RETURN, EVEN IF TAX HAS

BEEN WITHHELD. TIFFIN INCOME TAX RETURN IF YOU MOVED INTO OR OUTSIDE THE CITY FAX: (419) 448-5406 LIMITS DURING THE TAX YEAR, STATE DATE FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER ATTACH ALL W-2's AND APPROPRIATE DATE MOVED FEDERAL SCHEDULES TO BACK INTO TIFFIN OUT OF TIFFIN SIDE OF TAX RETURN TAXABLE PERIOD BEGINNING.... __AND ENDING _ **FILING STATUS** CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2015 MAKE CHECKS AND MONEY ORDERS SINGLE MARRIED FILING JOINT PAYABLE TO CITY OF TIFFIN FISCAL YEARS NEED TO FILE WITHIN 4 MONTHS OF ENDING DATE MARRIED FILING SEPARATE IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND WITHOUT TAXABLE INCOME, PLACE AN "X" IN THIS SPOUSE NAME IF FILING SEPARATE BOX, SIGN, DATE AND RETURN FORM BY DUE DATE SOCIAL SECURITY NUMBER **TAXPAYER** NAME SPOUSE FEDERAL I.D. NO. (BUSINESS) **ADDRESS** IF YOU RENT, PLEASE GIVE NAME AND ADDRESS OF LANDLORD. **PHONE** NAME **EMAIL ADDRESS** 1. ENTER DIRECTLY BELOW THE TOTAL OF ALL W-2 MEDICARE WAGES (BOX 5), SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION, INCLUDING SICK PAY PAID BY A THIRD PARTY, SUCH AS BY AN INSURANCE COMPANY. (ATTACH ALL W-2 FORMS.) OTHER CITY TAX W/H NOT TO EXCEED 1 3/4% COLUMN 4. AMOUNT OF TAX W/H COLUMN 5. COLUMN 1, PRINT EMPLOYER'S NAME MEDICARE WAGES / ETC TOTAL TIFFIN TAX W/H TOTAL OTHER CITY TAX W/H..... TO LINE 6 A TOTAL WAGES IN COLUMN 5 ENTER 1099-MISC. NOT TO BE CONFUSED WITH 1099 (G, R, INT., OR DIV) AND/OR W-2G INCOME

IMPORTANT -- REFER TO INSTRUCTIONS FOR PREPARING TIFFIN CITY INCOME TAX RETURN FOR LINE 2

INCOME OTHER THAN WAGES FROM LINE 29 FROM PAGE 2 OF THIS FORM \$ CREDITS (A) TIFFIN CITY TAX WITHHELD BY EMPLOYER(S). (TOTAL FROM COLUMN 2 ABOVE) (B) PRIOR YEAR CREDIT (DO NOT ROUND) (D) TAX PAID TO OTHER CITIES/NOT TO EXCEED 1 3/4%. (TOTAL FROM COLUMN 4 ABOVE) (F) TOTAL CREDITS ALLOWED (ADD LINES A, B, C, D AND E) (DO NOT ROUND) . 2014 TAX DUE (LINE 5 LESS LINE 6 F) (AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED OR REFUNDED) . . . (7) 7a. PENALTY FOR FILING AFTER DUE DATE, ADD \$25.00 PLUS INTEREST (SEE GENERAL INFORMATION PENALTY & INTEREST SECTION). (7a) AMOUNT PAYABLE TO THE CITY OF TIFFIN INCOME TAX (PAYMENT IN FULL MUST ACCOMPANY THIS FORM)(8) CREDIT CARD PAYMENTS: Convenience Fee of \$3.50 charged on all credit card payments ENTER PIN NUMBER FROM SIGNATURE CARD# **EXP DATE** LINE ON REVERSE SIDE OF CARD AMOUNT OVERPAYMENT CLAIMED \$ CREDIT TO NEXT YEAR DECLARATION REFUND [SIGNATURE **DECLARATION OF ESTIMATED TAX FOR YEAR 2015** DO NOT COMPLETE THIS SECTION IF ALL TAX IS TO BE WITHHELD NOTE: BEFORE PROCEEDING WITH THIS DECLARATION OF ESTIMATED TAX SECTION. REFER TO INSTRUCTIONS PAGE FOR IMPORTANT CHANGES IN PREPARING ESTIMATES. 13. ENTER AMOUNT TO BE PAID WITH THIS DECLARATION(13) - PLUS AMOUNT OF 2015 EST. TAX DUE (LINE 13) \$-14. TOTAL AMT. DUE: TAX FOR 2014 (LINE 8) \$-

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS CORRECT AND COMPLETE. If this tax return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. DATE

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

SIGNATURE OF TAXPAYER

SIGNATURE OF SPOUSE

PHONE NO

ADDRESS PHONE NO.

PAGE 2.

ATTACH ALL W-2'S AND FEDERAL SCHEDULES HERE SCHEDULE C – PROFIT (or Loss) FROM BUSINESS OR PROFESSION

	SOUIT OF THE	OTTI (OI E033) TTI	OIII DOOIIILOO	51111101 2001011		
1.	TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS			\$		
2.	LESS: (a) COST OF GOODS SOLD, OR (b) COST OF OPERATIONS,	WHICHEVER IS				
	APPLICABLE(INDICATE LABOR CHARGES INCLUDED	\$)	\$		
3.	GROSS PROFIT FROM SALES, ETC. (LINE 1 LESS LINE 2)\$					
4.	RENTS RECEIVED, IF CONNECTED WITH TRADE OF BUSINESS\$					
5.	DIVIDENDS \$; INTEREST \$; ROYALTIES \$\$					
6.	OTHER BUSINESS INCOME (SPECIFY)			\$		
7.	TOTAL BUSINESS INCOME BEFORE DEDUCTIONS		•••••		\$	_
	BUSINESS DEDUCTIONS					
8.	COMPENSATION OF OFFICERS\$	14.	UTILITIES		\$	
9.	SALARIES AND WAGES NOT DEDUCTED ELSEWHERE\$				\$	
	PAYMENTS TO PARTNERS\$		DEPRECIATION, A	AMORTIZATION, DEPLE	TION\$	
	. RENTS (PAID TO)\$		•	· ·	\$	
	. INTEREST ON BUSINESS INDEBTEDNESS\$				\$	
	a.CITY INCOME TAXES ON BUSINESS\$				\$	
	b.OTHER BUSINESS TAXES\$				\$	1
	TOTAL BUSINESS DEDUCTIONS (TOTAL OF LINES 8 TO 20)					l .
	. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE					
	(2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2					
	SCHEDULES E & F - INCOME	FROM RENT	S OR FARM (If not included in	Schedule C)	
			··		· · · · · · · · · · · · · · · · · · ·	
\vdash	Kind and Location of Property Gross Rent or Farm Incor	ne Depreciation	Repairs	Other Expenses	Net Income (or loss)	\dashv
\vdash						\dashv
H						_
L			1			
23	3. TOTAL INCOME (OR LOSS) SCHEDULE E & F					\$
26 27 28	(TOTAL LINE 22 ABOVE OR MAY SUBSTITUTE FEDERAL S 5. ADJUSTMENT FROM SCHEDULE X. ADD LINE G \$ 5. TOTAL AFTER ADJUSTMENT	DEDUCT LINE O % FY. (TOTAL LINE 23 A IE 26, 27, AND/OR 2:	SOF LINE 26BOVE OR MAY SUI	(+ OR -)BSTITUTE FEDERAL SO	CHEDULE E OR F)	\$
	NOTE: LOSS FROM BUSINESS ACTIVITY MAY N	OT BE USED	AS A DEDUC	TION FROM WA	GE/SALARY TYPE I	FARNINGS
	SCHEDULE X RECONC	CILIATION WITI		NCOME TAX RE		
	CAPITAL LOSS (EXCLUDING ORDINARY LOSSES)\$ 5% OF INTANGIBLE INCOME INCLUDED IN I, J, K\$		H CAPITAL GAINS	S (EXCLLIDING ORDIN	ARY GAINS)	¢
	TAXES BASED ON INCOME\$,		
	NET OPERATING LOSS DEDUCTION PER FED. RETURN\$					
	PAYMENT TO PARTNERS\$				RIGHTS	
	OTHER EXPENSES NOT DEDUCTIBLE\$				TACH FORM 2106)	•
	(EXPLAIN)\$				EMIUMS (ATTACH 1040 PAGE	
	\$				IN TAX (EXPLAIN)	, .
	\$ _					
G	, (ENTER ON LINE 25 PAGE 2 THIS RETURN)TOTAL \$_				TURN))TO	
u	SCHEDULE Y FOR P		,		**	ν.c. ψ
	SCHEDOLE I I ON F	A. L	OCATED B. LOC	ATED IN C. PERCENTA FIN (B / A)		
S	TEP 1. AVERAGE VALUE OF REAL AND TANGIBLE PERSONAL PROF	PERTY				
٠	AND / OR GROSS AMOUNT RENTALS PAID MULTIPLIED BY 8					
S	TEP 2. GROSS RECEIPTS FROM SALES MADE AND / OR WORK				_	
J	OR SERVICES PERFORMED					
S	TEP 3. WAGES, SALARIES, ETC. PAID				man.	
	TEP 4. TOTAL PERCENTAGES				_	
	TEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY I			<u> </u>	– IVE %	
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